

FILED JUN 7 1943
Registration District No. 149

Primary Registration District No. 1002

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Lukes
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Days
(Specify whether _____)
In this community 45 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 2426 Monroe ✓
(If rural, give location)
(e) Citizen of foreign country? -Yes- (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Anna Dora Kloepfel
3. (b) If veteran, name war no
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 15
year 1943 hour 8 minut 25 A. M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Fred F Kloepfel
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased Dec 14 1883
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 12 1943 to May 15 1943
that I last saw her alive on May 15 1943
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
59 5 1 _____ hr. _____ min.

Immediate cause of death Diabetic Coma
Due to Diabetes 61

9. Birthplace Lee Summits Mo.
(City, town, or county) (State or foreign country)

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

10. Usual occupation Housewife
11. Industry or business _____

Major findings:
Of operations _____
Of autopsy _____

12. Name Charles Ganzer
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Augusta Paul
15. Birthplace Germany
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Fred F Kloepfel
(b) Address 2426 Monroe
17. (a) Burial (b) Date thereof 5-17-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill
18. (a) Signature of funeral director J. W. Wagner
(b) Address Kansas City Mo.
19. (a) May 16 1943 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work _____ (Specify type of place)
(a) Means of injury _____
23. Signature George C. Lee (M. D. or other) _____
Address 1630 Prof Bldg Date signed 5/15/43

1630
Dr. H. H. Lee

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed A. R. Haunschild
Licensed Embalmer No. 4159
P. O. Address Kansas City Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.